

Entered -8-9-99 - sb

CL 99L0472 - GWENDOLYN BURNS

01-*R*-0395

CLAIM OF:

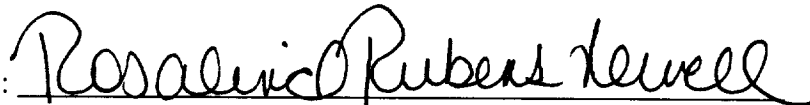
ROGER & HARRIET SMITH

397 Springdale Drive
Atlanta, Georgia 30305

For damages alleged to have been sustained due to a flood which occurred as a result of a creek overflow on July 6, 1999 at 397 Spingdale Drive, NE.

THIS ADVERSED REPORT IS
APPROVED

BY:



ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0472

Date: February 2, 2001

Claimant /Victim ROGER & HARRIET SMITH
BY: (Atty) (Ins. Co.) _____
Address: 397 Springdale Drive, NE, Atlanta, Georgia 30305
Subrogation: _____ Claim for Property damage \$ 3,607.29 Bodily Injury \$ _____
Date of Notice: 7/29/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 7/6/99 Place: 397 Springdale Drive, NE,
Department PUBLIC WORKS Division SEWER OPERATIONS
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimants sustained property damage when the basement of their home was flooded as a result of the creek overflowing behind their home on the above-listed date. An investigation determined that the City did not have any complaints of debris or fallen trees in the creek until after the date of claimants' incident. Furthermore, the City experienced an unusually large amount of rainfall during a severe rain storm, an "act of God", on the day of the incident which caused the creek to overflow. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

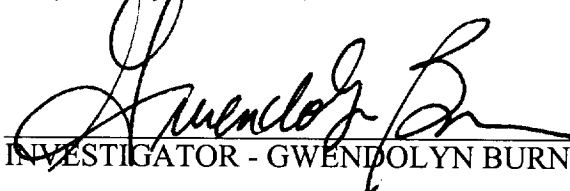
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written X Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

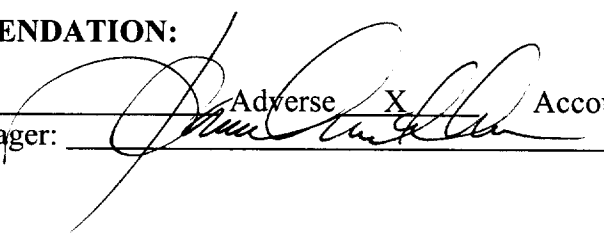
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 03-01-01

COUNCIL OF THE CITY OF ATLANTA

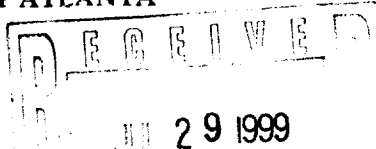
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7/22/99

BURNS
08/04/99
Da



07-29-99P05:33 RCVD

ENTERED - 8-9-99 - SB

99L0472 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3,607.29 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 07/06/99 (month/day/year) 2. Time of Incident: evening 3. Police called: no Yes No
4. Location of incident (including street address): 397 Springdale Dr.
5. Name of your insurance company: AMICA (water damage excluded) Policy No. 600110-2277
6. State what and how incident occurred: Yard and basement flooded - 120 square foot heavy duty barn-style storage building swept 150 yards away. Water in developed basement destroyed carpet + carpet pad, baseboard + trim + some furnishings.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

AR Smith
Signature of Claimant

Roger + Harriet Smith
(Print Claimant's Name)

397 Springdale Dr.
(Address)

Atlanta, GA 30305-3857
(City, State and Zip Code)

404-467-9297 404-262-3023
(Work Number) (Home Number)

01-R -0395